

Trueblue Nurses UK Limited

Trueblue Nurses

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service. This was an announced inspection. We told the provider 48 hours before our inspection that we would be coming.

At the last inspection in January 2014 the provider was meeting the regulations.

Trueblue Nurses is a domiciliary care agency that provides personal care and support to older people living in their own homes in and around South West London who may be living with dementia or experiencing memory loss. People are either visited at various times of the day or care is provided over a full 24-hour period. There were five people receiving services from the domiciliary care agency when we visited.

Summary of findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt happy and safe receiving services from the care agency. They also told us staff were kind and caring, and treated them with dignity and respect. Our discussion with a relative supported this.

Staff were familiar with people's individual needs and preferences and knew how to meet them. There were also enough properly trained and well supported staff working for the care agency to effectively meet people's needs and wishes.

People or their representatives were involved in developing and reviewing care plans. We saw people

were supported to make decisions about their care and support. The manager demonstrated a good understanding of Mental Capacity Act (2005) and issues relating to consent. People were supported by staff to maintain and develop their independent living skills.

The care agency had a clear management structure. People who received services, relatives and staff felt comfortable about sharing their views and talking to the owner/managers if they had any concerns or ideas to improve the service provided. Staff demonstrated a good understanding of their roles and responsibilities, and staff told us they were always supportive and fair.

There were systems in place to routinely monitor the safety and quality of the service provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the care agency. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. The provider met the requirements of the Mental Capacity Act (2005) to help ensure people's rights were protected.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were assisted to take their prescribed medicines safely and at times they needed them.

We found that staff were recruited appropriately and adequate numbers were employed by the care agency to meet people's needs.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

People were supported to eat and drink sufficient amounts of nutritious well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy with the care agency and staff treated them with respect, dignity and compassion.

Care and support was centred on people's individual needs and wishes. Staff were familiar with people's life histories, interests, and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support they received.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care plans to address those needs were regularly reviewed and updated with their involvement.

People had opportunities to maintain and develop their independent living skills.

Good



Summary of findings

People using the service and their representatives were encouraged to make their views known about the care agency. These were taken seriously and acted upon. Systems were in place to ensure complaints were encouraged and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the care agency and felt confident any concerns they had would be dealt with appropriately.

Is the service well-led?

The service was well-led. Systems were in place to routinely monitor the safety and quality of the service people received. Accidents and incidents were reported and analysed to identify trends and patterns to minimise the risk of similar events reoccurring.

The registered manager demonstrated a good understanding of their role. She was approachable and ran the care agency with her deputy manager in an open and transparent way.

Good



Trueblue Nurses

Detailed findings

Background to this inspection

The inspection was carried out by a single inspector.

During our visit we spoke with the registered manager and the deputy manager who jointly owned and ran the care agency. We also looked at a range of records, including five people's care plans, five staff files and other records relating to the management of the care agency.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also looked at written feedback we had received from three people using the service and four members of staff who had participated in our satisfaction survey about the care agency.

After the visit we contacted the relative of one person using the service and two members of staff to obtain their views about the Trueblue care agency.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service said they felt safe receiving domiciliary care and support from the agency staff. A relative we contacted also said they felt their family member was kept safe from abuse by the care agency. People using the service and relatives told us there was an expectation that staff always wore their photo identity badges to confirm who they were when they visited people in their home.

All the staff we spoke with were able to tell us about the provider's safeguarding and whistle-blowing procedures. Furthermore, discussions we had with staff showed they understood what constituted abuse and what they needed to do if they suspected or witnessed abuse taking place. This included reporting their concerns to the owner/managers, the local authority's safeguarding team and the CQC. The manager told us they knew how to raise an alert in the event of a safeguarding concern being brought to their attention. Managers and staff also told us they had received safeguarding training, which was refreshed annually. Training records we looked at confirmed this.

We looked at the provider's policies on safeguarding and whistle-blowing and saw they were up to date and appropriate for this type of service. However, the manager told us she did not have access to a copy of Pan-London's "Multi Agencies Procedures on Safeguarding Adults from Abuse" for staff to refer to if they needed regionally agreed guidance on how to deal with suspected abuse. During our inspection we saw the manager ordered a copy of these safeguarding protocols on-line. The manager also agreed to ensure her staff team were made fully aware of Pan-London's safeguarding procedures by referring to them in the agency's monthly newsletter and discussing them at their next staff meeting.

The provider had policies and procedures in place in relation to the Mental Capacity Act (2005), and consent. People's care plans we looked at each contained a mental capacity assessment. Managers and staff we spoke with said they had received training on mental capacity and consent. Records we looked at also showed that staff had attended this training within the last 12 months. Our discussions with managers and staff showed they had a good understanding of the Mental Capacity Act (2005) and issues relating to consent.

We found that staff followed risk management strategies to help keep people safe. Care plans each contained a set of individualised, detailed and up to date risk assessments. These assessments identified the hazards that the individual might face and the staff support they needed to minimise and manage these anticipated risks. For example, we saw risk assessments that related to people's dementia, memory loss, mobility/falls, home environment, moving and handling, personal care, skin integrity, nutrition/weight, and medical conditions.

Staff we spoke with were aware of the risks people using the service might face and the action they needed to take to minimise these. A member of staff gave us good examples of the risks people using the service might encounter when they accessed their local community or had a bath and the risk management strategies that were in place to keep these individuals safe.

People using the service who did not have live-in staff to support them told us their care workers always arrived on time and stayed for the agreed length of time. Most also felt this was usually long enough for their care workers to complete all the tasks they had agreed to. One person said, "My carer always turns up when they should" and another told us, "The carers rarely run late, and if they do, the managers will ring and let you know." Staff who responded to our questionnaire also stated that they felt the time they were allocated for each visit was enough to enable them to complete all of the care and support tasks required of them. In addition, manager told us they were responsible for covering staff absences, which staff we spoke with confirmed. The registered manager said they regularly reviewed people's care and adjusted staffing levels accordingly to reflect changes in people's needs and/or circumstances. The weekly duty rota showed the provider employed adequate numbers of care staff to meet people's needs.

The service followed safe recruitment practices. We saw each staff file contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. The managers confirmed that no new members of staff would be permitted to start working for the care agency until all the relevant pre-employment checks had been completed. People received their prescribed medicines as required. We saw the provider had policies and procedures in place in relation to medicines. The manager told us that although

Is the service safe?

people using the service had capacity to manage their own medicines; staff were responsible for checking that people had taken their medicines as prescribed and prompting those who needed assistance from time-to-time. Care plans we looked at each contained a record of these medicines prompting arrangements. The manager told us,

and staff training records we examined confirmed that all staff had received medicines awareness training in the last 12 months. Staff said their competency to handle medicines safely was assessed annually by the registered manager.

Is the service effective?

Our findings

People received personal care from staff who were appropriately trained and supported. All the people receiving services and relatives we spoke with told us they felt staff knew what they were doing and how to look after them or their family member. A relative said, “I think the carers who stay with us are pretty good at their jobs” and a person using the service who responded to our questionnaire wrote, “On the whole the carer is reasonably helpful.”

Staff we spoke with told us they felt they had received all the training and guidance they needed to perform their jobs well. Another member of staff wrote, “We feel fully trained and confident with people receiving services whom we are matched with.” In addition, two members of staff said they felt their induction had been thorough and had prepared them well for their role as domiciliary care agency workers. The manager told us all new staff had to shadow experienced members of staff during home visits and were given a copy of the services staff handbook as part of their induction. One member of staff told us they found the staff handbook to be a useful guide that made it clear what their care worker role and responsibilities were.

The manager produced a staff training needs and development plan that showed all staff had received up to date training in key aspects of their role such as moving and handling, prevention and control of infection, basic life support and emergency aid awareness, food hygiene/handling, equality and diversity, and person centred care planning.

The record also showed that staff were given additional training if it was relevant to their role. For example, we found the three members of staff who supported people with dementia or palliative care needs had received dementia care and end of life training in the past 12 months. Most staff we spoke with felt they had opportunities to continuously update training they had previously undertaken, as well as learn new skills. The

manager told us arrangements were in place for all staff to have their mandatory training refreshed at least once a year through attendance of regular e-learning courses and the agency’s annual training day.

Staff had effective support and supervision. The provider had arrangements to ensure that staff attend an annual team meeting as well as a mandatory training day, have regular one-to-one meetings and to have their overall work performance appraised annually by the owner/managers. The manager told us they carried out unannounced quarterly spot checks on staff to assess their working practices. Staff told us they felt well supported by the services’ owner/managers. One member of staff responded to our questionnaire by stating, “I feel very well supported as a care worker because the managers are always available.” Another member of staff said the managers were good at getting them to look at their working practices and improve their overall work performance.

Care plans included information about people’s food preferences, diet and risks associated with their nutrition and weight. Where people needed support with meals this was also recorded in their care plans. In addition, staff monitored people’s diet and weight by using food and fluid intake charts. People using the service and a relative told us staff often helped prepare meals or went food shopping for them. People also said staff were familiar with their likes and dislikes in relation to food.

People were supported to maintain good health and access healthcare services when they needed them. Peoples relatives told us staff were good at ensuring the GP or district nurse was contacted if their loved one became ill. Care plans set out in detail how people could remain healthy and which health care professionals were involved in their care. It was clear from the information contained in care plans that people were in regular contact with a range of community based healthcare professionals such as GP’s, district nurses, opticians, dentists and chiropodists. The manager gave us several good examples where referrals had been made to health care professionals in response to people’s changing needs and the action taken as a result.

Is the service caring?

Our findings

People using the service and the relative we spoke with told us they were happy with the quality of the care and support provided by the care agency. One person using the service wrote, “The care agency provides a first class service which has made a big difference to my life.” People also told us they would recommend Trueblue Nurses to others. People spoke very highly about the staff who worked for the agency and said staff were kind and caring and always treated them or their family member with respect and dignity.

Staff respected people’s privacy and dignity. People using the service who received regular visits told us staff never entered their home without first knocking or ringing their front doorbell. Staff we spoke with were clear that they must always knock or ring the front door bell before entering a person’s home unless they had been given expressed permission to do so by the person using the service. People also told us staff often spent their time talking with them, which was confirmed by one person’s relative.

We saw the information pack that was given to people when they first started using the service, which included a service user’s guide to the care agency, the provider’s complaints procedures and a copy of their care plan. We saw this information was written in plain easy to read English. The manager told us this information could be made available in other languages on request.

Care plans addressed the individual needs of the person and contained detailed information about their diverse needs, life histories, strengths, interests, and preferences. For example, care plans made it clear what name people preferred to be called, what food and drink they liked, and how they liked to spend their time. People using the service and relatives told us staff helped them make choices and decide what they did each day. Staff we spoke with demonstrated a good understanding of people’s needs and were able to tell us about the personal life histories, social interests and food preferences of people they regularly supported. For example, one member of staff was aware of the various jobs a person they supported had done prior to them retiring and which parts of the country they had previously lived in. The owner/managers also gave us a good example of how staff had supported one person using the service to have a meal out at a restaurant they had previously worked in. Staff told us they felt care plans they used were useful guides that gave them clear instructions about how to meet people’s needs and preferences.

Care plans we looked at each contained a record of people’s wishes regarding end of life care and support. For example, one person’s care records showed that a ‘Do Not Attempt Resuscitation’ (DNAR) agreement was in place. The document included the person’s wishes on how they would like to be cared for towards the end of their life. The DNAR had been agreed and signed by the person using the service.

Is the service responsive?

Our findings

People were involved in assessing their care needs and planning the care they required. We saw care plans each contained an assessment of people's needs and abilities. The manager told us they had undertaken these assessments at the person's home with the involvement of that person, their relatives (where appropriate) or their representatives. A relative we spoke with confirmed that they had been involved in the initial planning of the care and support their family member received from the care agency. All the care plans we looked at had been signed and dated either by the person using the service and/or their relative as proof that they had agreed to the care package provided.

We saw care plans were regularly reviewed and updated to reflect any changes in people's needs or circumstances. The manager told us staff reviewed the care plans and risk assessments of people they supported at least quarterly and more frequently if required. The manager gave us a good example of the action staff had taken in response to a person's changing continence needs.

Staff said they actively encouraged and supported people to do as much for themselves as they were willing and capable of doing safely. This was confirmed by people using the service who told us staff helped them to be as independent as possible. Care plans contained detailed information for staff which described how they should support people to maintain their independence. For example, the care plans described which aspects of dressing or washing people could do on their own, and in which areas they needed additional support.

People using the service and relatives felt staff listened to what they had to say and took their views seriously. People also told us the registered manager and deputy manager

visited them at home once a week and telephoned them every month to find out how they were and what the care agency could do better. A relative told us the registered manager invited them to attend quarterly meetings where they could express their views about what the care agency did well. The manager also told us people using the service and their relatives were invited to participate in the care agency's monthly satisfaction survey. The manager gave us a good example of changes they had made to a person's care plan who had expressed a wish to be more involved in their local community. We saw people using the service and relatives who had participated in Trueblue Nurses satisfaction survey were happy with the standard of care and support provided by the care agency. We also saw the service had received five written compliments in the past year from people using the service and relatives who were satisfied with the quality of the care and support they had received from staff.

People using the service and relatives we spoke with told us although they had never needed to make a formal complaint about the care agency, they felt confident that any concerns they might have would be taken seriously by the registered manager and her deputy. We saw the service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Staff told us people using the service and their relatives were given a copy of the provider's complaints procedure when they first started using the care agency. A relative told us this information helped them understand how they could make a complaint if they were unhappy with the care agency and what they could expect after they had raised their concerns. Where the care agency had received a complaint, records showed that this had been fully investigated by the provider and appropriate action taken in response to the concerns raised.

Is the service well-led?

Our findings

Our observations and feedback from people using the service and their relatives confirmed that the service had an open culture and was well-led by competent owner/managers. One relative said, “I think the managers do a fantastic job.” Staff we spoke with told us the care agency was a good place to work and also praised the owner/managers for creating an open and supportive culture where any issues they might have could be raised. Typical feedback we received from staff included, “The managers are extremely approachable and are always on hand if a problem arises”, “The managers are always available to discuss any issues, they answer their phones straight away and respond to texts promptly” and “I’ve never had a problem getting hold of the managers when I have needed them. It is a pleasure to work for Trueblue Nurses and the people using the service”.

The manager and care staff we spoke with felt they all worked well together as a team and they clearly understood this structure and the role they each played within it. The managers had professional nursing qualifications and many years’ experience working in a clinical and management role which meant they had a good understanding of people’s needs and how to meet these. It was also clear from discussions with the manager that they had a well-developed understanding of the values of dignity, respect, compassion, equality and diversity, which they put into practice.

Records showed the manager and her deputy visited the homes of everyone using the service at least once a quarter to check the standard of care plans, risk assessments, medication handling practices, staff time and record keeping. The managers confirmed they undertook quarterly spot checks of medicines prescribed to people using the service and gave us a good example of how they had identified an error in one person’s prescription which

they dealt with by referring the matter to the prescriber. The audits showed they were robust enough to identify areas where they could do things better and explore ideas to improve.

The manager told us there were systems in place to monitor the quality and safety of the service and she and her deputy routinely undertook audits of the agency. Records we looked at showed the manager regularly checked the service’s arrangements for reviewing care plans and risk assessments, managing medicines, staff recruitment and training, and staff record keeping. We also saw that where issues had been found during these audits, an action plan was created which stated clearly what the service needed to do to improve.

We found accidents and incidents were recorded in a way that allowed staff to determine whether or not any patterns were emerging. These records included an analysis of what had happened and where required an action plan which clearly stated what the service needed to do to improve and minimise the risk of similar events reoccurring. The manager said any accidents, incidents, complaints or safeguarding issues were always included in the agency’s monthly newsletter and discussed at team meetings. Staff told us they felt the newsletter and team meetings were useful as they encouraged them to discuss what they did well and what they could do better by learning from each other. For example, we found an article in the previous month’s newsletter that referred to lessons the care agency had learnt following a medication prescription error the owner/managers had identified during one of their routine quality assurance spot checks. Staff told us that any incidents and outcome of safeguarding or complaints investigations were discussed at their team meetings to ensure everyone was aware of what had happened and of the improvement plans that were put in place to prevent reoccurrence.